

2000 Rhode Island Behavioral Risk Factor Surveillance System Questionnaire
January-June, 2000
December 15, 1999

CORE

Introduction	2
Section 1: Health Status	4
Section 2: Health Care Access	5
Section 3: Asthma	10
Module 1: Diabetes	11
Section 5: Care Giving	15
Section 6: Exercise	16
Section 7: Tobacco Use.....	18
Section 8: Fruits and Vegetables.....	20
Section 9: Weight Control.....	23
Section 10: Demographics	24
State-Added: City/Town	29
Section 11: Women's Health	30
Section 12: HIV/AIDS	33
Transition to Modules and/or State-added Questions	38
State-Added Knowledge Assessment.....	39
Module 4: Health Care Coverage and Utilization.....	39
Module 6: Oral Health.....	40
State-Added: Immunization	43
State-Added: Children's Health Insurance Coverage	43
State Added Disability	45
Module 15: Quality of Life	48
Module 14: Arthritis.....	55
State-Added Arthritis	56
State-Added Asthma Symptoms	58
State-Added Physical Activity	61
State-Added: Lyme Disease.....	63
Massachusetts Tobacco Questions for Rhode Island Survey.....	65
Closing Statement	68

Introduction

HELLO, I'm _____ calling for the Rhode Island Department of Health and the Centers for Disease Control and Prevention. We're gathering information on the health practices of Rhode Island residents to guide state health policies. Your phone number has been chosen randomly, and we'd like to ask some questions about day-to-day living habits that may affect health.

Is this _____ ? **No** Thank you very much, but I seem to have dialed the wrong number, It's possible that your number may be called at a later time. **Stop**

Is this a private residence? **No** Thank you very much, but we are only interviewing private residences. **Stop**

We need to randomly select one adult who lives in your household to be interviewed. How many members of your household, including yourself, are 18 years of age or older?

If "1" Are you the adult?

If "yes" Then you are the person I need to speak with. **Go to page 3**

If "no" May I speak with him or her? **Go to "correct respondent" at bottom of page**

How many of these adults are men and how many are women?

Who is the oldest man who presently lives in this household?
Who is the next oldest man who presently lives in this household?
Etc.

Who is the oldest woman who presently lives in this household?
Who is the next oldest woman who presently lives in this household?
Etc.

The person in your household that I need to speak with is _____.
If "you," go to page 3

To correct respondent HELLO, I'm _____ calling for the Rhode Island Department of Health and the Centers for Disease Control and Prevention. We're gathering information on the health practices of Rhode Island residents to guide state health policies. You have been chosen randomly to be interviewed, and we'd like to ask some questions about day-to-day living habits that may affect health.

We do not ask for your name, address, or other personal information that identifies you. The phone number is erased once we finish all interviews at the end of the year. There are no risks or benefits to you being in this survey. Taking part is up to you. You don't have to answer any question you don't want to, and you are free to end the interview at any time. The interview takes about 15 to 20 minutes. All information you give us will be confidential. If you have any questions about this survey, I will provide a toll free telephone number for you to call to get more information.

Section 1: Health Status

This call may be monitored for quality assurance purposes.

1.1. Would you say that in general your health is: (66)

Please Read

- | | |
|--------------|---|
| a. Excellent | 1 |
| b. Very good | 2 |
| c. Good | 3 |
| d. Fair | 4 |
| or | |
| e. Poor | 5 |

Do not	Don't know/Not Sure	7
read these		
responses	Refused	9

1.2. Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good? (67-68)

- | | |
|---------------------|-------|
| a. Number of days | _____ |
| b. None | 8 8 |
| Don't know/Not sure | 7 7 |
| Refused | 9 9 |

1.3. Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good? (69-70)

- | | |
|--|-------|
| a. Number of days | _____ |
| b. None If Q1.2 also "None," go to Q2.1 | 8 8 |
| Don't know/Not sure | 7 7 |
| Refused | 9 9 |

- 1.4. During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation? (71-72)

a. Number of days	_____
b. None	8 8
Don't know/Not sure	7 7
Refused	9 9

Section 2: Health Care Access

- 2.1. Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare? (73)

a. Yes	1
b. No Go to Q2.3a	2
Don't know/Not sure Go to Q2.6	7
Refused Go to Q2.6	9

- 2.2. Medicare is a coverage plan for people 65 or over and for certain disabled people. Do you have Medicare? (74)

a. Yes Go to Q2.6	1
b. No	2
Don't know/not sure	7
Refused	9

- 2.3. What type of health care coverage do you use to pay for most of your medical care? (75-76)

Is it coverage through: Coverage Code ____

Please Read

a. Your employer Go to Q2.4	0 1
b. Someone else's employer Go to Q2.4	0 2
c. A plan that you or someone else buys on your own Go to Q2.4	0 3

	d. Medicare Go to Q2.6	0 4
	e. Medicaid or Medical Assistance [or substitute state program name] Go to Q2.4	0 5
	f. The military, CHAMPUS, TriCare, or the VA [or CHAMP-VA] Go to Q2.4	0 6
	g. The Indian Health Service [or the Alaska Native Health Service] Go to Q2.4	0 7
	or	
	h. Some other source Go to Q2.4	0 8
Do not read these responses	None Go to Q2.5	8 8
	Don't know/Not sure Go to Q2.4	7 7
	Refused Go to Q2.4	9 9

2.3a. There are some types of coverage you may not have considered. Please tell me if you have any of the following: (77-78)

Coverage through: Coverage Code __ __

Please Read

If more than one, ask "Which type do you use to pay for most of your medical care?"	a. Your employer	0 1
	b. Someone else's employer	0 2
	c. A plan that you or someone else buys on your own	0 3
	d. Medicare	0 4
	e. Medicaid or Medical Assistance [or substitute state program name]	0 5
	f. The military, CHAMPUS, TriCare, or the VA [or CHAMP-VA]	0 6
	g. The Indian Health Service [or the Alaska Native Health Service]	0 7
	or	
	h. Some other source	0 8
Do not read these	None	8 8

responses	Don't know/Not sure	7 7
	Refused	9 9

If Q2.3a=88 continue, If Q2.3a=04, 77, or 99, Go to Q2.6, else Go to Q2.4

MOD4_1. What is the main reason you are without health care coverage? (247-248)
Reason Code

Read Only if Necessary

a. Lost job or changed employers Go to core Q2.5	0 1
b. Spouse or parent lost job or changed employers [includes any person who had been providing insurance prior to job loss or change] Go to core Q2.5	0 2
c. Became divorced or separated Go to core Q2.5	0 3
d. Spouse or parent died Go to core Q2.5	0 4
e. Became ineligible because of age or because left school Go to core Q2.5	0 5
f. Employer doesn't offer or stopped offering coverage Go to core Q2.5	0 6
g. Cut back to part time or became temporary employee Go to core Q2.5	0 7
h. Benefits from employer or former employer ran out Go to core Q2.5	0 8
I. Couldn't afford to pay the premiums Go to core Q2.5	0 9
j. Insurance company refused coverage Go to core Q2.5	1 0
k. Lost Medicaid or Medical Assistance eligibility Go to core Q2.5	1 1
l. Other Go to core Q2.5	8 7
Don't know/Not sure Go to core Q2.5	7 7
Refused Go to core Q2.5	9 9

2.4. During the past 12 months, was there any time that you did not have any health insurance or coverage? (79)

- | | |
|---------------------------------------|---|
| a. Yes | 1 |
| b. No Go to Q2.6 | 2 |
| Don't know/Not sure Go to Q2.6 | 7 |
| Refused Go to Q2.6 | 9 |

MOD4_1a. What was the main reason you were without health care coverage during the past 12 months? (249-250)

Reason Code

Read Only if Necessary

- | | |
|--|-----|
| a. Lost job or changed employers | 0 1 |
| b. Spouse or parent lost job or changed employers
[includes any person who had been providing
insurance prior to job loss or change] | 0 2 |
| c. Became divorced or separated | 0 3 |
| d. Spouse or parent died | 0 4 |
| e. Became ineligible because of age or because left school | 0 5 |
| f. Employer doesn't offer or stopped offering coverage | 0 6 |
| g. Cut back to part time or became temporary employee | 0 7 |
| h. Benefits from employer or former employer ran out | 0 8 |
| I. Couldn't afford to pay the premiums | 0 9 |
| j. Insurance company refused coverage | 1 0 |
| k. Lost Medicaid or Medical Assistance eligibility | 1 1 |
| l. Other | 8 7 |
| Don't know/Not sure | 7 7 |

Refused

9 9

2.5. About how long has it been since you had health care coverage? (80)

Read Only if Necessary

- a. Within the past 6 months (1 to 6 months ago) 1
- b. Within the past year (6 to 12 months ago) 2
- c. Within the past 2 years (1 to 2 years ago) 3
- d. Within the past 5 years (2 to 5 years ago) 4
- e. 5 or more years ago 5
- Don't know/Not sure 7
- Never 8
- Refused 9

2.6. Was there a time during the last 12 months when you needed to see a doctor, but could not because of the cost? (81)

- a. Yes 1
- b. No 2
- Don't know/Not sure 7
- Refused 9

2.7. About how long has it been since you last visited a doctor for a routine checkup? (82)

Read Only if Necessary

**A routine
checkup is a
general phys-
ical exam, not
an exam for**

- a. Within the past year (1 to 12 months ago) 1
- b. Within the past 2 years (1 to 2 years ago) 2
- c. Within the past 5 years (2 to 5 years ago) 3

**a specific
injury, ill-
ness, or con-
dition**

- | | |
|------------------------|---|
| d. 5 or more years ago | 4 |
| Don't know/Not sure | 7 |
| Never | 8 |
| Refused | 9 |

Section 3: Asthma

3.1 Did a doctor ever tell you that you had asthma? (83)

- | | |
|---------------------------------------|---|
| a. Yes | 1 |
| b. No Go to Q4.1 | 2 |
| Don't know/Not sure Go to Q4.1 | 7 |
| Refused Go to Q4.1 | 9 |

3.2 Do you still have asthma? (84)

- | | |
|---------------------|---|
| a. Yes | 1 |
| b. No | 2 |
| Don't know/Not sure | 7 |
| Refused | 9 |

Section 4: Diabetes

4.1. Have you ever been told by a doctor that you have diabetes? (85)

**If "Yes" and
female, ask
"Was this
only when
you were
pregnant?"**

- | | |
|---|---|
| a. Yes | 1 |
| b. Yes, but female told only during pregnancy | 2 |
| c. No | 3 |
| Don't know/Not sure | 7 |
| Refused | 9 |

Module 1: Diabetes

MOD1_1. How old were you when you were told you have diabetes? (202-203)

Code age in years [97 = 97 and older] __ __

Don't know/Not sure 9 8

Refused 9 9

MOD1_2. Are you now taking insulin? (204)

a. Yes 1

b. No 2

Refused 9

MOD1_3. Are you now taking diabetes pills? (205)

a. Yes 1

b. No 2

Don't know/Not sure 7

Refused 9

RI1_1. Was there **ever** a time when you needed medication for your diabetes but couldn't afford it? (400)

- | | |
|---------------------|---|
| a. Yes | 1 |
| b. No | 2 |
| Don't know/Not sure | 7 |
| Refused | 9 |

MOD1_4. About how often do you check your blood for glucose or sugar? Include times when checked by a family member or friend, but do not include times when checked by a health professional. (206-208)

- | | |
|---------------------|-------|
| a. Times per day | 1____ |
| b. Times per week | 2____ |
| c. Times per month | 3____ |
| d. Times per year | 4____ |
| e. Never | 8 8 8 |
| Don't know/Not sure | 7 7 7 |
| Refused | 9 9 9 |

MOD1_5. About how often do you check your feet for any sores or irritations? Include times when checked by a family member or friend, but do not include times when checked by a health professional. (209-211)

- | | |
|---------------------|-------|
| a. Times per day | 1____ |
| b. Times per week | 2____ |
| c. Times per month | 3____ |
| d. Times per year | 4____ |
| e. Never | 8 8 8 |
| f. No feet | 5 5 5 |
| Don't know/Not sure | 7 7 7 |

Refused

9 9 9

MOD1_6. Have you ever had any sores or irritations on your feet that took more than four weeks to heal? (212)

- | | |
|---------------------|---|
| a. Yes | 1 |
| b. No | 2 |
| Don't know/Not sure | 7 |
| Refused | 9 |

MOD1_7. About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes? (213-214)

- | | |
|---------------------|-----|
| a. Number of times | — — |
| b. None | 8 8 |
| Don't know/Not sure | 7 7 |
| Refused | 9 9 |

MOD1_8. A test for hemoglobin "A one C" measures the average level of blood sugar over the past three months. About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for hemoglobin "A one C"? (215-216)

- | | |
|---|-----|
| a. Number of times [76 = 76 or more] | — — |
| b. None | 8 8 |
| c. Never heard of hemoglobin "A one C" test | 9 8 |
| Don't know/Not sure | 7 7 |
| Refused | 9 9 |

If "no feet" to MOD1_5, go to MOD1_10

MOD1_9. About how many times in the past 12 months has a health professional checked your feet for any sores or irritations? (217-218)

a. Number of times	— —
b. None	8 8
Don't know/Not sure	7 7
Refused	9 9

MOD1_10. When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light. (219)

Read Only if Necessary

a. Within the past month (0 to 1 month ago)	1
b. Within the past year (1 to 12 months ago)	2
c. Within the past 2 years (1 to 2 years ago)	3
d. 2 or more years ago	4
e. Never	8
Don't know/Not sure	7
Refused	9

MOD1_11. Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy? (220)

a. Yes	1
b. No	2
Don't know/Not sure	7
Refused	9

MOD1_12. Have you ever taken a course or class in how to manage your diabetes yourself? (221)

a. Yes	1
--------	---

b. No	2
Don't know/Not sure	7
Refused	9

RI1_2 In the past 12 months, have you attended at least one diabetes education group session or a one-on-one counseling session with a diabetes educator, nurse, dietician, or pharmacist? (401)

a. Yes	1
b. No	2
Don't know/Not sure	7
Refused	9

Section 5: Care Giving

5.1. There are situations where people provide regular care or assistance to a family member or friend who is elderly or has a long-term illness or disability. During the past month, did you provide any such care or assistance to a family member or friend who is 60 years of age or older? (86)

a. Yes	1
b. No	2
Don't know/Not sure	7
Refused	9

5.2. Who would you call to arrange short or long-term care in the home for an elderly relative or friend who was no longer able to care for themselves? (87-88)

Read Only if Necessary

a. Relative or friend	0 1
b. Would provide care myself	0 2
c. Nursing home	0 3
d. Home health service	0 4

e. Personal physician	0 5
f. Area Agency on Aging	0 6
g. Hospice	0 7
h. Hospital nurse	0 8
i. Minister/priest/rabbi	0 9
— j. Other	1 0
i. Don't know who to call	1 1
Refused	9 9

Section 6: Exercise

The next few questions are about exercise, recreation, or physical activities other than your regular job duties.

6.1. During the past month, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise? (89)

a. Yes	1
b. No Go to Q7.1	2
Don't know/Not sure Go to Q7.1	7
Refused Go to Q7.1	9

6.2. What type of physical activity or exercise did you spend the most time doing during the past month? (90-91)

Activity [specify]: _____
See coding list A

Refused **Go to Q6.6** 9 9

Ask Q6.3 only if answer to Q6.2 is running, jogging, walking, or swimming. All others, go to Q6.4.

6.3. How far did you usually walk/run/jog/swim? (92-94)

See coding list B if response is not in miles and tenths	Miles and tenths	--.
	Don't know/Not sure	7 7 7
	Refused	9 9 9

6.4. How many times per week or per month did you take part in this activity during the past month?
(95-97)

a. Times per week	1____
b. Times per month	2____
Don't know/Not sure	7 7 7
Refused	9 9 9

6.5. And when you took part in this activity, for how many minutes or hours did you usually keep at it?
(98-100)

Hours and minutes	_:
Don't know/Not sure	7 7 7
Refused	9 9 9

6.6. Was there another physical activity or exercise that you participated in during the last month?
(101)

a. Yes	1
b. No Go to Q7.1	2
Don't know/Not sure Go to Q7.1	7
Refused Go to Q7.1	9

6.7. What other type of physical activity gave you the next most exercise during the past month?
(102-103)

Activity [specify]: _____
See coding list A

Refused **Go to Q7.1**

9 9

Ask Q6.8 only if answer to Q6.7 is running, jogging, walking, or swimming. All others go to Q6.9 .

6.8. How far did you usually walk/run/jog/swim? (104-106)

See coding list B if response is not in miles and tenths	Miles and tenths	--.
	Don't know/Not sure	7 7 7
	Refused	9 9 9

6.9. How many times per week or per month did you take part in this activity? (107-109)

a. Times per week	1 ____
b. Times per month	2 ____
Don't know/Not sure	7 7 7
Refused	9 9 9

6.10. And when you took part in this activity, for how many minutes or hours did you usually keep at it? (110-112)

Hours and minutes	_:
Don't know/Not sure	7 7 7
Refused	9 9 9

Section 7: Tobacco Use

7.1. Have you smoked at least 100 cigarettes in your entire life? (113)

5 packs = 100 cigarettes	a. Yes	1
	b. No Go to Q8.1	2
	Don't know/Not sure Go to Q8.1	7

Refused **Go to Q8.1** 9

7.2. Do you now smoke cigarettes everyday, some days, or not at all? (114)

a. Everyday 1

b. Some days **Go to Q7.3a** 2

c. Not at all **Go to Q7.5** 3

Refused **Go to Q8.1** 9

7.3. On the average, about how many cigarettes a day do you now smoke? (115-116)

1 pack = 20 cigarettes Number of cigarettes [76 = 76 or more] _____
Go to Q7.4

Don't know/Not sure **Go to Q7.4** 7 7

Refused **Go to Q7.4** 9 9

7.3a. On the average, when you smoked during the past 30 days, about how many cigarettes did you smoke a day? (117-118)

1 pack = 20 cigarettes Number of cigarettes [76 = 76 or more] _____
Go to Q8.1

Don't know/Not sure **Go to Q8.1** 7 7

Refused **Go to Q8.1** 9 9

7.4. During the past 12 months, have you quit smoking for 1 day or longer? (119)

a. Yes **Go to Q8.1** 1

b. No **Go to Q8.1** 2

Don't know/Not sure **Go to Q8.1** 7

Refused **Go to Q8.1** 9

7.5. About how long has it been since you last smoked cigarettes regularly, that is, daily? (120-121)

Time code — —

Read Only if Necessary

a. Within the past month (0 to 1 month ago)	0 1
b. Within the past 3 months (1 to 3 months ago)	0 2
c. Within the past 6 months (3 to 6 months ago)	0 3
d. Within the past year (6 to 12 months ago)	0 4
e. Within the past 5 years (1 to 5 years ago)	0 5
f. Within the past 15 years (5 to 15 years ago)	0 6
g. 15 or more years ago	0 7
Don't know/Not sure	7 7
Never smoked regularly	8 8
Refused	9 9

Section 8: Fruits and Vegetables

These next questions are about the foods you usually eat or drink. Please tell me how often you eat or drink each one, for example, twice a week, three times a month, and so forth. Remember, I am only interested in the foods you eat. Include all foods you eat, both at home and away from home.

8.1. How often do you drink fruit juices such as orange, grapefruit, or tomato? (122-124)

a. Per day	1 ____
b. Per week	2 ____
c. Per month	3 ____
d. Per year	4 ____
e. Never	5 5 5

Don't know/Not sure 7 7 7

Refused 9 9 9

8.2. Not counting juice, how often do you eat fruit? (125-127)

a. Per day 1 ____

b. Per week 2 ____

c. Per month 3 ____

d. Per year 4 ____

e. Never 5 5 5

Don't know/Not sure 7 7 7

Refused 9 9 9

8.3. How often do you eat green salad? (128-130)

a. Per day 1 ____

b. Per week 2 ____

c. Per month 3 ____

d. Per year 4 ____

e. Never 5 5 5

Don't know/Not sure 7 7 7

Refused 9 9 9

8.4 How often do you eat potatoes not including french fries, fried potatoes, or potato chips? (131-133)

a. Per day 1 ____

b. Per week 2 ____

- | | |
|---------------------|--------|
| c. Per month | 3 ____ |
| d. Per year | 4 ____ |
| e. Never | 5 5 5 |
| Don't know/Not sure | 7 7 7 |
| Refused | 9 9 9 |

8.5. How often do you eat carrots?

(134-136)

- | | |
|---------------------|--------|
| a. Per day | 1 ____ |
| b. Per week | 2 ____ |
| c. Per month | 3 ____ |
| d. Per year | 4 ____ |
| e. Never | 5 5 5 |
| Don't know/Not sure | 7 7 7 |
| Refused | 9 9 9 |

8.6. Not counting carrots, potatoes, or salad, how many servings of vegetables do you usually eat?
(137-139)

Example:
A serving of
vegetables at
both lunch
and dinner
would be two
servings

- | | |
|---------------------|--------|
| a. Per day | 1 ____ |
| b. Per week | 2 ____ |
| c. Per month | 3 ____ |
| d. Per year | 4 ____ |
| e. Never | 5 5 5 |
| Don't know/Not sure | 7 7 7 |
| Refused | 9 9 9 |

Section 9: Weight Control

9.1. Are you now trying to lose weight? (140)

a. Yes **Go to Q. 9.3** 1

b. No 2

Don't know/Not sure 7

Refused 9

9.2 Are you now trying to maintain your current weight, that is to keep from gaining weight? (141)

a. Yes 1

b. No **Go to Q. 9.5** 2

Don't know/Not sure **Go to 9.5** 7

Refused **Go to Q. 9.5** 9

9.3. Are you eating either fewer calories or less fat to...

lose weight? [if "Yes" on Q. 9.1]

keep from gaining weight? [if "Yes" on Q. 9.2] (142)

Probe a. Yes, fewer calories 1

for b. Yes, less fat 2

which c. Yes, fewer calories and less fat 3

d. No 4

Don't know/Not sure 7

Refused 9

9.4. Are you using physical activity or exercise to...

lose weight? [if "Yes" on Q. 9.1]

keep from gaining weight? [if "Yes" on Q. 9.2] (143)

a. Yes	1
b. No	2
Don't know/Not sure	7
Refused	9

9.5. In the past 12 months, has a doctor, nurse, or other health professional given you advice about your weight? (144)

Probe for which	a. Yes, lose weight	1
	b. Yes, gain weight	2
	c. Yes, maintain current weight	3
	d. No	4
	Don't know/Not sure	7
	Refused	9

Section 10: Demographics

10.1. What is your age? (145-146)

Code age in years	_____
Don't know/Not sure	0 7
Refused	0 9

10.2. What is your race? (147)

Would you say: **Please Read**

a. White	1
b. Black	2
c. Asian, Pacific Islander	3

d. American Indian, Alaska Native 4

or

e. Other: [specify]_____ 5

**Do not
read these
responses**

Don't know/Not sure 7

Refused 9

10.3. Are you of Spanish or Hispanic origin? (148)

a. Yes 1

b. No 2

Don't know/Not sure 7

Refused 9

10.4. Are you: (149)

Please Read

a. Married 1

b. Divorced 2

c. Widowed 3

d. Separated 4

e. Never been married 5

or

f. A member of an unmarried couple 6

Refused 9

10.5. How many children live in your household who are...

Please Read

Code 1-9 a. less than 5 years old? _____ (150)

7 = 7 or more

8 = None b. 5 through 12 years old? _____ (151)

9 = Refused

c. 13 through 17 years old? _____ (152)

10.6. What is the highest grade or year of school you completed?

(153)

Read Only if Necessary

- | | |
|---|---|
| a. Never attended school or only attended kindergarten | 1 |
| b. Grades 1 through 8 (Elementary) | 2 |
| c. Grades 9 through 11 (Some high school) | 3 |
| d. Grade 12 or GED (High school graduate) | 4 |
| e. College 1 year to 3 years (Some college or technical school) | 5 |
| f. College 4 years or more (College graduate) | 6 |
| Refused | 9 |

10.7. Are you currently:

(154)

Please Read

- | | |
|-------------------------------------|---|
| a. Employed for wages | 1 |
| b. Self-employed | 2 |
| c. Out of work for more than 1 year | 3 |
| d. Out of work for less than 1 year | 4 |
| e. Homemaker | 5 |
| f. Student | 6 |
| g. Retired | 7 |
| or | |
| h. Unable to work | 8 |
| Refused | 9 |

10.8. Is your annual household income from all sources:

(155-156)

Read as Appropriate		
If res- pondent refuses at any income level, code refused	a. Less than \$25,000 If "no," ask e; if "yes," ask b (\$20,000 to less than \$25,000)	0 4
	b. Less than \$20,000 If "no," code a; if "yes," ask c (\$15,000 to less than \$20,000)	0 3
	c. Less than \$15,000 If "no," code b; if "yes," ask d (\$10,000 to less than \$15,000)	0 2
	d. Less than \$10,000 If "no," code c	0 1
	e. Less than \$35,000 If "no," ask f (\$25,000 to less than \$35,000)	0 5
	f. Less than \$50,000 If "no," ask g (\$35,000 to less than \$50,000)	0 6
	g. Less than \$75,000 If "no," code h (\$50,000 to \$75,000)	0 7
	h. \$75,000 or more	0 8
Do not read these responses	Don't know/Not sure	7 7
	Refused	9 9

10.9. Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit? (157)

- a. Yes 1
- b. No **Go to Q10.12** 2
- Don't know/Not sure **Go to Q10.12** 7
- Refused **Go to Q10.12** 9

10.10. Which of the following best describes your current military status? (158)

Are you: **Please Read**

- a. Currently on active duty **Go to Q10.12** 1
- b. Currently in reserves **Go to Q10.12** 2
- c. No longer in military service 3
- Do not read these responses** Don't know/Not sure **Go to Q10.12** 7
- Refused **Go to Q10.12** 9

10.11. In the last 12 months have you received some or all of your health care from VA facilities? (159)

- Probe for which** a. Yes, all of my health care 1
- b. Yes, some of my health care 2
- c. No, no VA health care received 3
- Don't know/not sure 7
- Refused 9

10.12. About how much do you weigh without shoes? (160-162)

- Round fractions up** Weight _____ pounds
- Don't know/Not sure 7 7 7

Refused 9 9 9

10.13. How much would you like to weigh? (163-165)

Weight _____ pounds

Don't know/Not sure 7 7 7

Refused 9 9 9

10.14. About how tall are you without shoes? (166-168)

Round Height _/
fractions ft/inches
down

Don't know/Not sure 7 7 7

Refused 9 9 9

10.15. What county do you live in? (169-171)

FIPS county code — —

Don't know/not sure 7 7 7

Refused 9 9 9

State-Added: City/Town

RI3_1 What city or town do you live in? (402-406)

Use 1999 town code list

10.16. Do you have more than one telephone number in your household? (172)

a. Yes 1

b. No **Go to Q10.18** 2

Refused **Go to Q10.18** 9

10.17. How many residential telephone numbers do you have? (173)

Exclude dedicated fax and computer lines Total telephone numbers [**8 = 8 or more**]
 Refused 9

10.18. Indicate sex of respondent. **Ask Only if Necessary** (174)

Male **Go to Section 12: HIV/AIDS** 1
 Female 2

Now, I have some questions about other health services you may have received.

Section 11: Women's Health

11.1. A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram? (175)

a. Yes 1
 b. No **Go to Q11.4** 2
 Don't know/Not sure **Go to Q11.4** 7
 Refused **Go to Q11.4** 9

11.2. How long has it been since you had your last mammogram? (176)

Read only if Necessary

a. Within the past year (1 to 12 months ago) 1
 b. Within the past 2 years (1 to 2 years ago) 2
 c. Within the past 3 years (2 to 3 years ago) 3
 d. Within the past 5 years (3 to 5 years ago) 4
 e. 5 or more years ago 5
 Don't know/Not sure 7
 Refused 9

11.3. Was your last mammogram done as part of a routine checkup, because of a breast problem other than cancer, or because you've already had breast cancer? (177)

- | | |
|-------------------------------------|---|
| a. Routine checkup | 1 |
| b. Breast problem other than cancer | 2 |
| c. Had breast cancer | 3 |
| Don't know/Not sure | 7 |
| Refused | 9 |

11.4. A clinical breast exam is when a doctor, nurse, or other health professional feels the breast for lumps. Have you ever had a clinical breast exam? (178)

- | | |
|--|---|
| a. Yes | 1 |
| b. No Go to Q11.7 | 2 |
| Don't know/Not sure Go to Q11.7 | 7 |
| Refused Go to Q11.7 | 9 |

11.5. How long has it been since your last breast exam? (179)

Read Only if Necessary

- | | |
|---|---|
| a. Within the past year (1 to 12 months ago) | 1 |
| b. Within the past 2 years (1 to 2 years ago) | 2 |
| c. Within the past 3 years (2 to 3 years ago) | 3 |
| d. Within the past 5 years (3 to 5 years ago) | 4 |
| e. 5 or more years ago | 5 |
| Don't know/Not sure | 7 |
| Refused | 9 |

11.6. Was your last breast exam done as part of a routine checkup, because of a breast problem other than cancer, or because you've already had breast cancer? (180)

- a. Routine Checkup 1
- b. Breast problem other than cancer 2
- c. Had breast cancer 3
- Don't know/Not sure 7
- Refused 9

11.7. A Pap smear is a test for cancer of the cervix. Have you ever had a Pap smear? (181)

- a. Yes 1
- b. No **Go to Q11.10** 2
- Don't know/Not sure **Go to Q11.10** 7
- Refused **Go to Q11.10** 9

11.8. How long has it been since you had your last Pap smear? (182)

Read Only if Necessary

- a. Within the past year (1 to 12 months ago) 1
- b. Within the past 2 years (1 to 2 years ago) 2
- c. Within the past 3 years (2 to 3 years ago) 3
- d. Within the past 5 years (3 to 5 years ago) 4
- e. 5 or more years ago 5
- Don't know/Not sure 7
- Refused 9

11.9. Was your last Pap smear done as part of a routine exam, or to check a current or previous problem? (183)

- | | |
|--------------------------------------|---|
| a. Routine exam | 1 |
| b. Check current or previous problem | 2 |
| Other | 3 |
| Don't know/Not sure | 7 |
| Refused | 9 |

11.10. Have you had a hysterectomy? (184)

- | | | |
|---|------------------------------|---|
| A hysterectomy is an operation to remove the uterus (womb) | a. Yes Go to HIV/AIDS | 1 |
| | b. No | 2 |
| | Don't know/Not sure | 7 |
| | Refused | 9 |

If respondent 45 years old or older, go to HIV/AIDS

11.11 To your knowledge, are you now pregnant? (185)

- | | |
|---------------------|---|
| a. Yes | 1 |
| b. No | 2 |
| Don't know/Not sure | 7 |
| Refused | 9 |

Section 12: HIV/AIDS

If respondent is 65 years old or older, Go to Transition to Modules .

The next few questions are about the national health problem of HIV, the virus that causes AIDS. Please remember that your answers are strictly confidential and that you don't have to answer every question if you don't want to.

12.1. If you had a child in school, at what grade do you think he or she should begin receiving education in school about HIV infection and AIDS? (186-187)

**Code 01
through 12**

a. Grade	—
b. Kindergarten	5 5
c. Never	8 8
Don't know/Not sure	7 7
Refused	9 9

12.2. If you had a teenager who was sexually active, would you encourage him or her to use a condom? (188)

a. Yes	1
b. No	2
Would give other advice	3
Don't know/Not sure	7
Refused	9

12.3. What are your chances of getting infected with HIV, the virus that causes AIDS? (189)

Would you say: **Please Read**

a. High	1
b. Medium	2
c. Low	3
or	
d. None	4
Not applicable Go to Q12.7a	5

**Do not
read these
responses**

Don't know/Not sure	7
Refused	9

12.4. Have you donated blood since March 1985? (190)

a. Yes	1
--------	---

b. No **Go to Q12.6a** 2

Don't know/Not sure **Go to Q12.6a** 7

Refused **Go to Q12.6a** 9

12.5. Have you donated blood in the past 12 months? (191)

a. Yes 1

b. No 2

Don't know/Not sure 7

Refused 9

12.6. Except for tests you may have had as part of blood donations, have you ever been tested for HIV? (192)

Include a. Yes **Go to Q12.7** 1

saliva b. No **Go to Transition to Modules** 2

tests

Don't know/Not sure **Go to Transition to Modules** 7

Refused **Go to Transition to Modules** 9

12.6a. Have you ever been tested for HIV? (193)

Include a. Yes **Go to Q12.7a** 1

Saliva b. No **Go to Transition to Modules** 2

tests

Don't know/Not sure **Go to Transition to Modules** 7

Refused **Go to Transition to Modules** 9

12.7. Not including your blood donations, have you been tested for HIV in the past 12 months? (194)

Include a. Yes **Go to Q12.8** 1

saliva b. No **Go to Transition to Modules** 2

tests

		36
	Don't know/Not sure Go to Transition to Modules	7
	Refused Go to Transition to Modules	9
12.7a.	Have you been tested for HIV in the past 12 months?	(195)
Include saliva tests	a. Yes	1
	b. No Go to Transition to Modules	2
	Don't know/Not sure Go to Transition to Modules	7
	Refused Go to Transition to Modules	9
12.8.	What was the main reason you had your last test for HIV?	(196-197)
	Reason code	
	Read Only if Necessary	
	a. For hospitalization or surgical procedure	0 1
	b. To apply for health insurance	0 2
	c. To apply for life insurance	0 3
	d. For employment	0 4
	e. To apply for a marriage license	0 5
	f. For military induction or military service	0 6
	g. For immigration	0 7
	h. Just to find out if you were infected	0 8
	I. Because of referral by a doctor	0 9
	j. Because of pregnancy	1 0
	k. Referred by your sex partner	1 1
	l. Because it was part of a blood donation process	
	Go to Transition to Modules	1 2

m. For routine check-up	1 3
n. Because of occupational exposure	1 4
o. Because of illness	1 5
p. Because I am at risk for HIV	1 6
q. Other	8 7
Don't know/Not sure	7 7
Refused	9 9

12.9. Where did you have your last test for HIV?

(198-199)

Facility Code

Read Only if Necessary

a. Private doctor, HMO	0 1
b. Blood bank, plasma center, Red Cross	0 2
c. Health department	0 3
d. AIDS clinic, counseling, testing site	0 4
e. Hospital, emergency room, outpatient clinic	0 5
f. Family planning clinic	0 6
g. Prenatal clinic, obstetrician's office	0 7
h. Tuberculosis clinic	0 8
I. STD clinic	0 9
j. Community health clinic	1 0
k. Clinic run by employer	1 1
l. Insurance company clinic	1 2
m. Other public clinic	1 3

n. Drug treatment facility	1 4
o. Military induction or military service site	1 5
p. Immigration site	1 6
q. At home, home visit by nurse or health worker	1 7
r. At home using self-sampling kit	1 8
s. In jail or prison	1 9
t. Other	8 7
Don't know/Not sure	7 7
Refused	9 9

12.10. Did you receive the results of your last test? (200)

a. Yes	1
b. No Go to Transition to Modules	2
Don't know/Not sure Go to Transition to Modules	7
Refused Go to Transition to Modules	9

12.11. Did you receive counseling or talk with a health care professional about the results of your test? (201)

a. Yes	1
b. No	2
Don't know/Not sure	7
Refused	9

Transition to Modules and/or State-added Questions

Finally, I have just a few questions left about some other health topics.

State-Added Knowledge Assessment

These questions are about arthritis.

RI4_3 Do you think a person can prevent or reduce the symptoms of arthritis? (407)

- | | |
|---|---|
| a. Yes | 1 |
| b. No Go to Module 4 | 2 |
| Don't know/Not sure Go to Module 4 | 7 |
| Refused Go to Module 4 | 9 |

RI4_4 What do you think works? Would you say...

	<u>Yes</u>	<u>No</u>	<u>Don't know</u>	<u>Refused</u>	
{Rotate a-d}					
a. Taking medication?	1	2	7	9	(408)
b. Seeing an arthritis specialist?	1	2	7	9	(409)
c. Regular exercise?	1	2	7	9	(410)
d. Losing excess weight?	1	2	7	9	(411)

Module 4: Health Care Coverage and Utilization

Now, I am going to ask you some questions about the health care you receive.

MOD4_2. Is there one particular clinic, health center, doctor's office, or other place that you usually go to if you are sick or need advice about your health? (251)

- | | |
|--|---|
| a. Yes Go to MOD4_4 | 1 |
| b. More than one place | 2 |
| c. No Go to Oral Health | 3 |
| Don't know/Not sure Go to Oral Health | 7 |
| Refused Go to Oral Health | 9 |

MOD4_3. Is there one of these places that you go to most often when you are sick or need advice about your health? (252)

- | | |
|---|---|
| a. Yes | 1 |
| b. No Go to MOD4_5 | 2 |
| Don't know/Not sure Go to MOD4_5 | 7 |
| Refused Go to MOD4_5 | 9 |

MOD4_4. What kind of place is it? (253)

Would you say: **Please Read**

- | | |
|-------------------------------------|---|
| a. A doctor's office or HMO | 1 |
| b. A clinic or health center | 2 |
| c. A hospital outpatient department | 3 |
| d. A hospital emergency room | 4 |
| e. An urgent care center | 5 |
| or | |
| f. Some other kind of place | 8 |
| Do not read these responses | |
| Don't know/Not sure | 7 |
| Refused | 9 |

MOD4_5. Do you have one person you think of as your personal doctor or health care provider? (254)

- | | | |
|---|---------------------|---|
| If "no," ask
"Is there <u>more</u>
than one or is
there <u>no</u> usual
doctor who you
go to?" | a. Yes, only one | 1 |
| | b. More than one | 2 |
| | c. No | 3 |
| | Don't know/Not sure | 7 |
| | Refused | 9 |

Module 6: Oral Health

MOD6_1. How long has it been since you last visited a dentist or a dental clinic for any reason? (263)

Read only if necessary

Include visits to dental specialists, such as orthodontists

- | | |
|---|---|
| a. Within the past year (1 to 12 months ago) | 1 |
| b. Within the past 2 years (1 to 2 years ago) | 2 |
| c. Within the past 5 years (2 to 5 years ago) | 3 |
| d. 5 or more years ago | 4 |
| Don't know/Not sure | 7 |
| Never | 8 |
| Refused | 9 |

MOD6_2. How many of your permanent teeth have been removed because of tooth decay or gum disease? Do not include teeth lost for other reasons, such as injury or orthodontics. (264)

Include teeth lost due to "infection"

- | | |
|--------------------------|---|
| a. 1 to 5 | 1 |
| b. 6 or more but not all | 2 |
| c. All | 3 |
| d. None | 8 |
| Don't know/Not sure | 7 |
| Refused | 9 |

If "never" to MOD6_1 or "all" to MOD6_2, go to MOD6_4.

MOD6_3. How long has it been since you had your teeth cleaned by a dentist or dental hygienist? (265)

Read only if necessary

- | | |
|---|---|
| a. Within the past year (1 to 12 months ago) | 1 |
| b. Within the past 2 years (1 to 2 years ago) | 2 |
| c. Within the past 5 years (2 to 5 years ago) | 3 |
| d. 5 or more years ago | 4 |
| Don't know/Not sure | 7 |

42

Never 8

Refused 9

If "within the past year," to MOD6_1 or MOD6_3, Go to MOD6_5.

MOD6_4. What is the main reason you have not visited the dentist in the last year? (266-267)

Reason code

Read Only if Necessary

a. Fear, apprehension, nervousness, pain, dislike going 0 1

b. Cost 0 2

c. Do not have/know a dentist 0 3

d. Cannot get to the office/clinic (too far away, no transportation, no appointments available) 0 4

e. No reason to go (no problems, no teeth) 0 5

f. Other priorities 0 6

g. Have not thought of it 0 7

h. Other 0 8

Don't know/Not sure 7 7

Refused 9 9

MOD6_5. Do you have any kind of insurance coverage that pays for some or all of your routine dental care, including dental insurance, prepaid plans such as HMOs, or government plans such as Medicaid? (268)

a. Yes 1

b. No 2

Don't know/Not sure 7

Refused

9

If Q4.1≠1, Go to State-Added: Children's Health Insurance Coverage**State-Added: Immunization**

RI1_10 During the past 12 months, have you had a flu shot? (412)

- | | |
|---------------------|---|
| a. Yes | 1 |
| b. No | 2 |
| Don't know/Not sure | 7 |
| Refused | 9 |

If RI1_10=2, 7, or 9 OR MOD4_5=3, 7, or 9, Go to RI1_12

RI1_11 Did you receive the flu shot from your personal doctor or health care provider? (413)

- | | |
|---------------------|---|
| a. Yes | 1 |
| b. No | 2 |
| Don't know/Not sure | 7 |
| Refused | 9 |

RI1_12. Have you ever had a pneumonia vaccination? (414)

- | | |
|---------------------|---|
| a. Yes | 1 |
| b. No | 2 |
| Don't know/Not sure | 7 |
| Refused | 9 |

State-Added: Children's Health Insurance Coverage

[If total # of Children reported = 0, Or Combination of responses to 10.5 a, b, and c are all 8 & 9, Skip to Next Module]

[If total # of Children reported = 1, Skip to RI5_2]

[If total # of Children reported > 1, Read RI5_1]

Refused 9 9

Refused 9 9

Refused **Go to RI5_5** 9

Refused	9
---------	---

RI5_5. Was there a time during the last 12 months when the child needed to see a doctor, but could not because of the cost? (419)

- | | |
|---------------------|---|
| a. Yes | 1 |
| b. No | 2 |
| Don't Know/Not Sure | 7 |
| Refused | 9 |

RI5_6. About how long has it been since this child last visited a doctor for a routine checkup? (420)

- | | |
|---|---|
| a. Within the past year (7 to 12 months ago) | 1 |
| b. Within the past 2 years (1 to 2 years ago) | 2 |
| c. Within the past 5 years (2 to 5 years ago) | 3 |
| d. 5 or more years ago | 4 |
| Never | 5 |
| Don't Know/Not Sure | 7 |
| Refused | 9 |

State Added Disability

“The next two questions are about your support needs and life satisfaction.”

RI6_1 How often do you get the social and emotional support you need? (371)

Would you say: **Please Read**

- | | |
|-----------------------------------|---|
| a. Always | 1 |
| b. Usually | 2 |
| c. Sometimes | 3 |
| d. Rarely | 4 |
| or | |
| e. Never | 5 |
| Do not Don't know/Not sure | 7 |

read these responses	Refused	9
-----------------------------	---------	---

RI6_2 In general, how satisfied are you with your life? (372)

Would you say: **Please Read**

a.	Very satisfied	1
b.	Satisfied	2
c.	Dissatisfied	3
	or	
d.	Very dissatisfied	4
Do not read these responses	Don't know/Not sure	7
	Refused	9

"These next questions are about limitations you may have in your daily life."

RI6_3 Are you limited in the kind or amount of work you can do because of any impairment or health problem? (373)

a.	Yes	1
b.	No	2
	Don't know/Not sure	7
	Refused	9

RI6_4 Because of any impairment or health problem, do you have any trouble learning, remembering, or concentrating? (374)

a.	Yes	1
b.	No	2
	Don't know/Not sure	7
	Refused	9

RI6_5 If you use special equipment or help from others to get around, what type do you use? (375-380)

Code up to three responses

a.	No special equipment or help used	Go to RI6_7	01
b.	Other people		02
c.	Cane or walking stick		03
d.	Walker		04
e.	Crutch or crutches		05
f.	Manual wheelchair		06
g.	Motorized wheelchair		07
h.	Electric mobility scooter		08
i.	Artificial leg		09
j.	Brace		10
k.	Service animal [i.e., guide dog or other animal specifically trained to provide assistance]		11
l.	Oxygen/special breathing equipment		12
m.	Other (specify): _____		13
	No additional equipment or help for 2nd and 3rd		87
	Don't know/Not sure		77
	Refused		99

RI6_6 Using special equipment or help, what is the farthest distance that you can go? (381)

Please Read

a.	Across a small room	1
b.	About the length of a typical house	2

c.	About one or two city blocks	3
d.	About one mile	4
	or	
e.	More than one mile	5
Do not	Don't know/Not sure	7
read these		
responses	Refused	9

If MOD1_5 = 555, autocode RI6_7 = 1, and go to MOD15_1

RI6_7 What is the farthest distance you can walk by yourself, without any special equipment or help from others? (382)

Please Read

a.	Not any distance	1
b.	Across a small room	2
c.	About the length of a typical house	3
d.	About one or two city blocks	4
e.	About one mile	5
	or	
f.	More than one mile	6
Do not	Don't know/Not sure	7
read these		
responses	Refused	9

Module 15: Quality of Life

MOD15_1 Are you limited in any way in any activities because of any impairment or health problem? (321)

- a. Yes 1
- b. No **If “yes” to RI6_3 or RI6_4 or "b-m" on RI6_5, continue.**
Otherwise, go to Q13 2

Don't know/Not sure **If “yes” to RI6_3 or RI6_4 or "b-m" on RI6_5, continue.**
Otherwise, go to Q13 7

Refused **If “yes” to RI6_3 or RI6_4 or "b-m" on RI6_5, continue.**

Otherwise, go to Q13

9

MOD15_2 What is the MAJOR impairment or health problem that limits your activities?
(322-323)

Reason Code

If respondent says "I'm not limited," say "I'm referring to the impairment you indicated on an earlier question."	a.	Arthritis/rheumatism	01
	b.	Back or neck problem	02
	c.	Fractures, bone/joint injury	03
	d.	Walking problem	04
	e.	Lung/breathing problem	05
	f.	Hearing problem	06
	g.	Eye/vision problem	07
	h.	Heart problem	08
	i.	Stroke problem	09
	j.	Hypertension/high blood pressure	10
	k.	Diabetes	11
	l.	Cancer	12
	m.	Depression/anxiety/emotional problem	13
	n.	Other impairment/problem	14
		Don't know/Not sure	77
		Refused	99

MOD15_3 For HOW LONG have your activities been limited because of your major impairment or health problem?
(324-326)

- | | | |
|----|-------|-------|
| a. | Days | 1 _ _ |
| b. | Weeks | 2 _ _ |

c.	Months	3 _ _
d.	Years	4 _ _
	Don't know/Not sure	7 7 7
	Refused	9 9 9
MOD15_4	Because of any impairment or health problem, do you need the help of other persons with your PERSONAL CARE needs, such as eating, bathing, dressing, or getting around the house? (327)	
a.	Yes	1
b.	No	2
	Don't know/Not sure	7
	Refused	9
MOD15_5	Because of any impairment or health problem, do you need the help of other persons in handling your ROUTINE NEEDS, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes? (328)	
a.	Yes	1
b.	No	2
	Don't know/Not sure	7
	Refused	9
MOD15_6	During the past 30 days, for about how many days did PAIN make it hard for you to do your usual activities, such as self-care, work, or recreation? (329-330)	
a.	Number of days	_ _
b.	None	8 8
	Don't know/Not sure	7 7
	Refused	9 9
MOD15_7	During the past 30 days, for about how many days have you felt SAD, BLUE, or DEPRESSED? (331-332)	
a.	Number of days	_ _

b.	None	8 8
	Don't know/Not sure	7 7
	Refused	9 9
MOD15_8	During the past 30 days, for about how many days have you felt WORRIED, TENSE, or ANXIOUS? (333-334)	
a.	Number of days	--
b.	None	8 8
	Don't know/Not sure	7 7
	Refused	9 9
MOD15_9	During the past 30 days, for about how many days have you felt that you did not get ENOUGH REST or SLEEP? (335-336)	
a.	Number of days	--
b.	None	8 8
	Don't know/Not sure	7 7
	Refused	9 9
MOD15_10	During the past 30 days, for about how many days have you felt VERY HEALTHY and FULL OF ENERGY? (337-338)	
a.	Number of days	--
b.	None	8 8
	Don't know/Not sure	7 7
	Refused	9 9

If "yes" to MOD15_4 continue. Otherwise, go to MOD15_13.

MOD15_11	Earlier you reported that due to your impairment you need some assistance from another person with your PERSONAL CARE needs. Who usually helps you with your personal care needs, such as eating, bathing, dressing, or getting around the house? (339-340)	
----------	---	--

Read Only if Necessary

If a relative that is paid, code as appropriate relative	a. Husband/wife/partner	0 1
	b. Parent/son/son-in-law/daughter/daughter-in-law	0 2
	c. Other relative	0 3
	d. Unpaid volunteer	0 4
	e. Paid employee or home health service	0 5
	f. Friend or neighbor	0 6
	g. Combination of family and/or friends	0 7
	h. Other	0 8
	i. No one helps me Go to MOD15_13	0 9
	Don't Know/Not Sure	7 7
	Refused	9 9

MOD15_12 Is the assistance you receive to meet your personal care needs: (341)

Please Read

a. Usually adequate	1
b. Sometimes adequate	2
or	
c. Rarely adequate	3
Do not read these responses	
Don't know/Not sure	7
Refused	9

If "yes" to MOD15_5, continue. Otherwise, go to RI6_8

MOD15_13 Earlier you reported that due to your impairment you need some assistance from another person with your ROUTINE needs. Who usually helps you with handling your routine needs, such as everyday household chores, shopping, or getting around for other purposes? (342-343)

Read Only if Necessary

If a relative that is paid, code as appropriate relative	a.Husband/wife/partner	0 1
	b.Parent/son/son-in-law/daughter/daughter-in-law	0 2
	c.Other relative	0 3
	d.Unpaid volunteer	0 4
	e.Paid employee or home health service	0 5
	f.Friend or neighbor	0 6
	g.Combination of family and/or friends	0 7
	h.Other	0 8
	i.No one helps me Go to RI6_8	0 9
	Don't Know/Not Sure	7 7
	Refused	9 9

MOD15_14 Is the assistance you receive to meet your routine needs: (344)

Please Read

a.Usually adequate	1
b.Sometimes adequate	2
or	
c.Rarely adequate	3
Do not read these responses	
Don't know/Not sure	7
Refused	9

If number of adults equals 1 and core Q10.5a, Q10.5b, and Q10.5c are all "none," go to next section.

RI6_8 Is there anyone [fill in (else) if "yes" to RI6_3, RI6_4 or MOD15_1 or b-m to RI6_5] in your household who is LIMITED in any way in any activities because of any impairment or health problem? (383)

a. Yes 1

b.	No Go to Module 14: Arthritis	2
	Don't know/Not sure Go to Module 14: Arthritis	7
	Refused Go to Module 14: Arthritis	9

RI6_9 How old are these people?

Code ages	a. person 1	__ __	(384-385)
97 = 97 and older	b. person 2	__ __	(386-387)
98 = Dk/Ns	c. person 3	__ __	(388-389)
99 = Refused	d. person 4	__ __	(390-391)
	e. person 5	__ __	(392-393)

Module 14: Arthritis

MOD14_1. During the past 12 months, have you had pain, aching, stiffness or swelling in or around a joint? (314)

- a. Yes 1
- b. No **Go to MOD14_4** 2
- Don't know/Not sure **Go to MOD14_4** 7
- Refused **Go to MOD14_4** 9

MOD14_2. Were these symptoms present on most days for at least one month? (315)

- a. Yes 1
- b. No 2
- Don't know/Not sure 7
- Refused 9

MOD14_3. Are you now limited in any way in any activities because of joint symptoms? (316)

- a. Yes 1
- b. No 2
- Don't know/Not sure 7
- Refused 9

MOD14_4. Have you ever been told by a doctor that you have arthritis? (317)

- a. Yes 1
- b. No **Go to Asthma Symptoms** 2
- Don't know/Not sure **Go to Asthma Symptoms** 7
- Refused **Go to Asthma Symptoms** 9

MOD14_5. What type of arthritis did the doctor say you have? (318-319)

Type Code

Read Only if Necessary

a. Osteoarthritis/degenerative arthritis	0 1
b. Rheumatism	0 2
c. Rheumatoid Arthritis	0 3
d. Lyme disease	0 4
e. Other [specify]_____	0 7
f. Never saw a doctor	8 8
Don't know/Not sure	7 7
Refused	9 9

MOD14_6. Are you currently being treated by a doctor for arthritis? (320)

a. Yes	1
b. No	2
Don't know/Not sure	7
Refused	9

State-Added Arthritis

Please tell me if you are doing any of the following for your arthritis.

RI7_1 Are you exercising to help your arthritis? (421)

a. Yes	1
b. No	2
Don't know/Not sure	7
Refused	9

RI7_2 Are you trying to lose weight to help your arthritis? (422)

a. Yes	1
b. No	2
Don't know/Not sure	7

	Refused	9	
RI7_3	Are you taking medication for your arthritis?		(423)
a.	Yes	1	
b.	No Go to RI7_5	2	
	Don't know/Not sure Go to RI7_5	7	
	Refused Go to RI7_5	9	
RI7_4	Was it prescribed by a doctor or nurse practitioner?		(424)
a.	Yes	1	
b.	No	2	
	Don't know/Not sure	7	
	Refused	9	
RI7_5	Are you seeing an arthritis specialist for your arthritis?		(425)
a.	Yes	1	
b.	No	2	
	Don't know/Not sure	7	
	Refused	9	
RI7_6	Have you had joint replacement surgery?		(426)
a.	Yes Go to RI7_8	1	
b.	No	2	
	Don't know/Not sure Go to RI7_8	7	
	Refused Go to RI7_8	9	
RI7_7	Are you planning to have joint surgery?		(427)
a.	Yes	1	
b.	No	2	
	Don't know/Not sure	7	

Refused	9	
RI7_8 Have you enrolled in an arthritis self-help program?		(428)
a. Yes	1	
b. No	2	
Don't know/Not sure	7	
Refused	9	

State-Added Asthma Symptoms

Now, I'd like to ask you a few questions about coughing or breathing problems you may have had in the past year that were not related to colds or other infections.

RI8_1 Excluding colds and other infections, during the past 12 months, have you experienced coughing spells that take minutes or hours to go away or that never go away completely? (429)

a. Yes	1
b. No Go to RI8_3	2
Don't know/Not sure Go to RI8_3	7
Refused Go to RI8_3	9

RI8_2 Thinking about the times that you had coughing spells, did you also bring up phlegm or sputum with your coughs? (430)

a. Yes	1
b. No	2
Don't know/Not sure	7
Refused	9

RI8_3 During the past 12 months, have there been times when you had tightness in your chest? (431)

a. Yes	1
b. No	2
Don't know/Not sure	7

Refused	9
---------	---

RI8_4 During the past 12 months, have there been times when you had wheezy breathing? (432)

a. Yes	1
b. No	2
Don't know/Not sure	7
Refused	9

RI8_5 During the past 12 months, have there been times when you had shortness of breath when you were not exercising? (433)

a. Yes	1
b. No	2
Don't know/Not sure	7
Refused	9

If RI8_1 through RI8_5 all = 2, 7 or 9 and Q3.1 = 2, 7 or 9, Go to RI8_10

If RI8_1 through RI8_5 all = 2, 7 or 9 and Q3.1 = 1, Go to RI8_9

Else continue.

The next three questions are about how the {if RI8_1=1 ask “coughing spells” & if RI8_2 = 1 ask “phlegm” & if RI8_3 = 1 ask “tightness in your chest” & if RI8_4 = 1 ask “wheezy breathing” & if RI8_5= 1 ask “shortness of breath”} may have affected you in the past 2 weeks?

RI8_6 In the past two weeks, were you awakened from sleep by the {{if RI8_1=1 ask “coughing spells” & if RI8_2 = 1 ask “phlegm” & if RI8_3 = 1 ask “tightness in your chest” & if RI8_4 = 1 ask “wheezy breathing” & if RI8_5= 1 ask “shortness of breath”}}? (434)

a. Yes	1
b. No	2
Don't know/Not sure	7
Refused	9

RI8_7 In the past two weeks, how many days were you kept from work, school or any other daily activities because of the {if RI8_1=1 ask “coughing spells” & if RI8_2 = 1 ask “phlegm” & if RI8_3 = 1 ask “tightness in your chest” & if RI8_4 = 1 ask “wheezy breathing” & if RI8_5= 1 ask “shortness of breath”}?(435-436)

Number of days	_____
----------------	-------

Don't know/Not sure	7 7
Refused	9 9

RI8_8 In the past 2 weeks, how many days were you free from the {if RI8_1=1 ask “coughing spells” & if RI8_2 = 1 ask “phlegm” & if RI8_3 = 1 ask “tightness in your chest” & if RI8_4 = 1 ask “wheezy breathing” & if RI8_5= 1 ask “shortness of breath”}? (437-438)

Number of days	_____
Don't know/Not sure	7 7
Refused	9 9

{If RI8_3 = 2, 7, or 9 & RI8_5 = 2, 7, or 9, Go to RI8_10}

RI8_9 Do you currently take any medication to help you breath better? (439)

a. Yes	1
b. No	2
Don't know/Not sure	7
Refused	9

RI8_10 Does anyone smoke regularly inside your house or apartment? (440)

a. Yes	1
b. No	2
Don't know/Not sure	7
Refused	9

If Q10.5 a, b, and c all =8, Go to Physical Activity

If sum of 10 a, b, and c >1 ask: You said before that there are {Insert total number of children from 10 a, b, and c} children under age 18 living in your household.

RI8_11 **If sum of 10 a, b, and c >1 ask:** Has a doctor ever said that any of the children under age 18 currently living in your household has asthma?

If sum of 10 a, b, and c =1, ask: You said before that there is one child under age 18 living in your household.

If sum of 10 a, b, and c =1, ask: Has a doctor ever said that the child under age 18 currently living in your household has asthma? (441)

- | | |
|--|---|
| a. Yes | 1 |
| b. No Go to Physical Activity | 2 |
| Don't know/Not sure Go to Physical Activity | 7 |
| Refused Go to Physical Activity | 9 |

If sum of 10 a, b, and c =1, Go to RI8_13

RI8_12 How many of these children still have asthma? (442-443)

Record Number	—
None	88
Don't Know	77
Refused	99

RI8_13 Does this child still have asthma? (444)

- | | |
|---------------------|---|
| a. Yes | 1 |
| b. No | 2 |
| Don't know/Not sure | 7 |
| Refused | 9 |

State-Added Physical Activity

Now I'd like you to think about all the regular physical activities that you do over the course of the day, either for exercise or as part of your work, housework or leisure.

We define regular activity as a total of 30 minutes or more of an activity or exercise each day, for at least 5 days each week. A total of 30 minutes means, for example, that you could take one 30 minute walk or three 10 minute walks in a day.

Physical activity would include doing at least 10 minutes continuously of things like walking briskly, heavy yard work, biking or jogging.

RI9_1. Over the past month, did you get at least 30 minutes of physical activity per day for at least 5 days per week? (445)

- | | | |
|---------------------|--------------------|---|
| a. Yes | | 1 |
| b. No | Go to RI9_4 | 2 |
| Don't know/Not sure | Go to RI9_4 | 7 |
| Refused | Go to RI9_4 | 9 |

RI9_2. Have you been regularly physically active in this way for the past 6 months? (446)

- | | |
|---------------------|---|
| a. Yes | 1 |
| b. No | 2 |
| Don't know/Not sure | 7 |
| Refused | 9 |

RI9_3. How do you usually do this physical activity—during one period of 30 minutes or more each day, or through several shorter periods (of at least 10 minutes) each day? (447)

- | | |
|--|---|
| a. All at one time | 1 |
| b. Several shorter periods of 10 minutes or more | 2 |
| c. Some of both, depending on the day | 3 |
| Don't know | 7 |
| Refused | 9 |

RI9_4. In the past month did you do any physical activity or exercise for less than 5 days a week or less than a total of 30 minutes each day? (448)

- | | |
|---------------------|---|
| a. Yes | 1 |
| b. No | 2 |
| Don't know/Not sure | 7 |
| Refused | 9 |

RI9_5. Do you intend to become more physically active in the next 6 months? (449)

- | | |
|--------|---|
| a. Yes | 1 |
|--------|---|

b. No	2
Don't know/Not sure	7
Refused	9

State-Added: Lyme Disease

Next, I would like to ask you some questions about Lyme disease.

RI10_1. How would you rate your own chances of getting Lyme disease in the coming year?
(450)

a. High	1
b. Medium	2
c. Low	3
d. None	8
Don't know/Not sure	7
Refused	9

RI10_2. Are you aware that there is a vaccine for Lyme disease?
(451)

a. Yes	1
b. No Go to RI10_ 5	2
Don't know/Not sure Go to RI10_ 5	7
Refused Go RI10_ 5	9

RI10_3. Have you ever received the Lyme disease vaccine ?
(452)

a. Yes	1
b. No	2
Don't know/Not sure	7
Refused	9

RI10_4. Do you plan on receiving the Lyme disease vaccine in the future?

(453)

- | | |
|---------------------|---|
| a. Yes | 1 |
| b. No | 2 |
| Don't know/Not sure | 7 |
| Refused | 9 |

RI10_5. During the past year, when in high risk areas, such as wooded or grassy areas, please tell me how often you have taken the following measures to protect yourself:

a) Wearing long pants tucked into socks. (454)

[Would you say.....]

- | | |
|--|---|
| a. Always | 1 |
| b. Sometimes | 2 |
| c. Never in high risk areas Go to closing | 3 |
| d. Never | 8 |
| Don't know/Not sure | 7 |
| Refused | 9 |

b) Looking for ticks on yourself and removing them. (455)

[Would you say.....]

- | | |
|--|---|
| a. Always | 1 |
| b. Sometimes | 2 |
| c. Never in high risk areas Go to closing | 3 |
| d. Never | 8 |
| Don't know/Not sure | 7 |
| Refused | 9 |

c) Using an insect repellent on your skin or clothes. (456)

[Would you say.....]

- | | |
|-----------------------------|---|
| a. Always | 1 |
| b. Sometimes | 2 |
| c. Never in high risk areas | 3 |
| d. Never | 8 |
| Don't know/Not sure | 7 |
| Refused | 9 |

Massachusetts Tobacco Questions for Rhode Island Survey

(Added for June interviewing cycle)

I have a few more questions about tobacco usage and your opinions about smoking.

If Q7.1 = 2, 7, 9 or Q7.2 = 9 or Q7.5 = 06, 07, 77, 88, 99 Go to MA7.24
Continue if Q7.5 = 05, else go to MA7.7

Earlier you said that you stopped smoking cigarettes regularly within the past 5 years.

MA7.5 Was this within the past three years? (483)

- | | |
|--|---|
| a. Within the past three years GO TO MA7.15 | 1 |
| b. More than three years GO TO MA7.24 | 2 |
| Don't know/Not sure GO TO MA7.24 | 7 |
| Refused GO TO MA7.24 | 9 |

Ask if Q7.2 = 1, 2, 3, else go to MA7.13

MA7.7 Ask Are the words "light" or "ultra-light" on the package of the brand you usually... **{IF Q7.2 = 1,2}: smoke? {IF Q7.2 = 3}: smoked?** (484)

- | | | |
|--------------------|----------------------------------|---|
| Probe for
which | a. Light | 1 |
| | b. Ultra-light | 2 |
| | c. Yes, but can't remember which | 3 |
| | d. No | 4 |
| | Don't know | 7 |
| | Refused | 9 |

Ask if Q7.2 = 1, 2, or Q7.5 = 01, 02, 03, 04, else go to MA7.15

MA7.13 In the past 12 months, have you heard, read, or seen any information about quitting smoking? (485)

- | | |
|---|---|
| a. Yes | 1 |
| b. No Go to MA7.15 | 2 |
| Don't know/Not sure Go to MA7.15 | 7 |
| Refused Go to MA7.15 | 9 |

MA7.14 I'm going to read you a list of places where you may have gotten this quit-smoking information. Did you get any of this information --

	<u>Yes</u>	<u>No</u>	<u>Don't know</u>	<u>Refused</u>
a. from television?	1	2	7	9 (486)
b. from the radio?	1	2	7	9 (487)
c. from a billboard?	1	2	7	9 (488)
d. from a doctor?	1	2	7	9 (489)
e. from a dentist?	1	2	7	9 (490)
f. from another health care professional?	1	2	7	9 (491)
g. at work?	1	2	7	9 (492)
h. from family or a friend?	1	2	7	9 (493)
i. from a newspaper or magazine?	1	2	7	9 (494)
j. from a brochure or other printed material?	1	2	7	9 (495)
l. from the Internet?	1	2	7	9 (496)

Ask if Q7.2 = 1, 2, or MA7.5 = 1, Else go to MA7.24

MA7.15 (CURRENT SMOKERS AND 3-YEAR QUITTERS) Have you ever used stop-smoking products such as nicotine gum, patches, or inhalers, or pills such as Zyban or Wellbutrin? (497)

a. Yes	1
b. No GO TO MA7.24	2
Don't know/Not sure GO TO MA7.24	7
Refused GO TO MA7.24	9

MA7.20 Did you pay for this (these) product(s) completely on your own, or did an insurance plan or other medical assistance cover at least part of the cost? (498)

a. Self	1
b. Insurance	2
Don't Know/Not Sure	7
Refused	9

MA7.24 (ASK ALL:) Is there anyone else living in your household who smokes cigarettes? (499)

a. Yes	1
b. No	2
Don't know/Not sure	7
Refused	9

MA7.25 Which statement best describes the rules about smoking in your home ... (500)

PLEASE READ

- | | | |
|----|--|---|
| a. | no one is allowed to smoke anywhere | 1 |
| b. | smoking is allowed in some places or at some times | 2 |
| | or | |
| c. | smoking is permitted anywhere | 3 |
| | Don't know/Not sure | 7 |
| | Refused | 9 |

The next questions are about your opinions on issues related to smoking.

MA14.2 Do you believe that smoking low tar and low nicotine cigarettes carries less risk of illness than smoking regular cigarettes? (501)

- | | | |
|----|---------------------|---|
| a. | Yes | 1 |
| b. | No | 2 |
| | Don't know/Not sure | 7 |
| | Refused | 9 |

MA14.3 Now I'm going to read you a list of places where smoking may or may not be allowed. For each one, please tell me if you think that smoking should be allowed there without restriction, should be permitted only in designated areas, or should not be allowed at all.

Concerning smoking in (NAME OF PLACE) -- should it be allowed without restriction, should it be permitted only in designated areas, or not be allowed at all?

[Interviewer Note: After first three, you may read "How about...?"]

Allowed without restriction = 1, Permitted in designated areas = 2, Not at all = 3, Don't know = 7, Refused = 9

- | | | | | | | |
|-------------------------------|---|---|---|---|---|-------|
| a. Restaurants | 1 | 2 | 3 | 7 | 9 | (502) |
| b. Indoor work areas? | 1 | 2 | 3 | 7 | 9 | (503) |
| c. Bars and cocktail lounges? | 1 | 2 | 3 | 7 | 9 | (504) |
| d. Indoor sporting events? | 1 | 2 | 3 | 7 | 9 | (505) |
| e. Outdoor sporting events? | 1 | 2 | 3 | 7 | 9 | (506) |
| f. Indoor shopping malls? | 1 | 2 | 3 | 7 | 9 | (507) |

MA14.4 If restaurants were completely smokefree, would you eat out more often, less often, or about the same as you do now? (508)

- | | |
|--------------------------|---|
| More often | 1 |
| Less often | 2 |
| About the same | 3 |
| Don't eat in restaurants | 4 |
| Don't know/Not sure | 7 |
| Refused | 9 |

MA14.5 In Rhode Island, it is against the law to sell cigarettes to anyone under 18 years old. How many storekeepers do you think are careful about not selling to people under 18? Would you say...

(509)

All	1
Most	2
Some	3
or	
None	4
Don't know/Not sure	7
Refused	9

Closing Statement

That's my last question. Everyone's answers will be combined to give us information about the health practices of people in this state. Thank you very much for your time and cooperation.

In what language was this interview completed? (482)

English	1
Spanish	2
Portuguese	3

Activity List for Common Leisure Activities Coding List A

Code Description

- | | | |
|---|--|--------------------------------|
| 01. Aerobics class | | 28. Racketball |
| 02. Backpacking | | 29. Raking lawn |
| 03. Badminton | | 30. Running |
| 04. Basketball | | 31. Rope skipping |
| 05. Bicycling for pleasure | | 32. Scuba diving |
| 06. Boating (canoeing, rowing,
sailing for pleasure or
camping) | | 33. Skating - ice or roller |
| 07. Bowling | | 34. Sledding, tobogganing |
| 08. Boxing | | 35. Snorkeling |
| 09. Calisthenics | | 36. Snowshoeing |
| 10. Canoeing/rowing - in
competition | | 37. Snow shoveling by hand |
| 11. Carpentry | | 38. Snow blowing |
| 12. Dancing-aerobics/ballet | | 39. Snow skiing |
| 13. Fishing from river bank or boat | | 40. Soccer |
| 14. Gardening (spading, weeding,
digging, filling) | | 41. Softball |
| 15. Golf | | 42. Squash |
| 16. Handball | | 43. Stair climbing |
| 17. Health club exercise | | 44. Stream fishing in waders |
| 18. Hiking - cross-country | | 45. Surfing |
| 19. Home exercise | | 46. Swimming laps |
| 20. Horseback riding | | 47. Table tennis |
| 21. Hunting large game - deer, elk | | 48. Tennis |
| 22. Jogging | | 49. Touch football |
| 23. Judo/karate | | 50. Volleyball |
| 24. Mountain climbing | | 51. Walking |
| 25. Mowing lawn | | 52. Waterskiing |
| 26. Paddleball | | 53. Weight lifting |
| 27. Painting/papering house | | 54. Other_____ |
| | | 55. Bicycling machine exercise |
| | | 56. Rowing machine exercise |

Lap Swimming

Size pool/Laps
(1 lap = 2 lengths)

50 ft. pool

5 laps (10 lengths) = .1 mile

100 ft. pool

2½ laps (5 lengths) = .1 mile

50 meter pool

1½ laps (3 lengths) = .1 mile

Running/Jogging/Walking

½ mile = .5 mile

1/4 mile = .3 mile

1/8 mile = .1 mile

1 block = .1 mile

